

PLAN APPROVAL INFORMATION		NOT REQUIRED	COUNTY I.D. NUMBER	COMMENTS/SHEET NO.			
RELATED INFORMATION							
1. CONCURRENT PROCESSING							
2. MODIFIED PROCESSING							
3. MAXIMUM DENSITY ADJUSTMENTS BASED ON Z.O. 2-308							
4. AFFORDABLE DWELLING UNITS							
5. R.F.A. DELINEATION							
6. FLOOD PLAIN STUDY							
7. DRAINAGE STUDY							
8. CHESAPEAKE BAY ACT EXCEPTION							
9. WATER QUALITY IMPACT ASSESSMENT							
10. SOILS REPORT							
11. ONSITE EASEMENTS							
12. ONSITE EASEMENTS							
13. NOTICED LETTERS OF PERMISSION							
14. NOTICED LETTERS OF PERMISSION							
15. RETURN PLAN TO B.O.S. PRIOR TO APPR.							
16. RETURN PLAN TO P.C. PRIOR TO APPR.							
17. ADJACENT PROPERTY OWNER NOTICES							
18. ONSITE UTILITY WORK NOTICES							
19. MAJOR UNDERGROUND UTILITY NOTICES							
20. RETZONING/SPECIAL EXCEPTION/SPECIAL PERMIT APPROVAL							
21. B.O.S./B.Z.A. CLERK LETTER/RESOLUTION							
22. RETZONING PROTERS/CONDITIONS							
23. RETZONING DEVELOPMENT PLAN							
24. B.Z.A. VARIANCE APPROVAL							
25. WETLANDS/WATERS OF THE U.S. PERMIT							
26. STATE REGULATED DAM PERMIT							
27. LOOKED IN DAM BREAK INUNDATION ZONE (STATE REGULATED DAMS)							
28. EXTRA PLAN SETS REQUIRED							
29. FEMA LETTER OF MAP REVISION							
30. OCEANIC DISTRICT INFORMATION							
31. TREE BANKING							
32. TREE FUND							
33. GREEN PROJECT CERTIFICATION FOR GREEN PRIORITY PLAN REVIEW							
MODIFICATIONS/MAIERS							
DATE SENT TO ACOE: _____							
PERMIT RECEIVED: _____							
PERMIT NO. _____							
DATE CLORK RECEIVED: _____							
SOLID WASTE AND RECYCLING: ALL PROPERTIES ARE REQUIRED TO RECYCLE. DESIGNS FOR ALL PROPERTIES MUST PROVIDE ADEQUATE CONTAINERS/STRUCTURES FOR THE SEPARATE MANAGEMENT OF RECYCLABLES AND TRASH.							
SINGLE-FAMILY DETACHED AND TOWNHOUSE DEVELOPMENTS							
1. CERTIFY THAT THE SITE DEPICTED ON THIS PLAN IS (CHECK APPLICABLE STATEMENT): ----- IN A SANITARY DISTRICT WHERE TRASH AND RECYCLING COLLECTION IS CONDUCTED BY FAIRFAX COUNTY AND THAT I HAVE INFORMED THE PROPERTY OWNER OF THIS CONDITION. ----- NOT IN A SANITARY DISTRICT AND TRASH AND RECYCLING COLLECTION WILL BE CONDUCTED BY A PRIVATE COMPANY.							
NON-RESIDENTIAL PROPERTIES, INCLUDING BUSINESSES, SCHOOLS AND INSTITUTIONS, AND MULTI-FAMILY PROPERTIES, INCLUDING CONDOMINIUMS AND APARTMENTS.							
1. CERTIFY THAT (ALL STEPS MUST BE COMPLETED): ----- I HAVE COMPLETED A WASTE STREAM CALCULATION WORKSHEET FOR THIS PROPERTY. ----- I HAVE INDICATED ON THE PLAN THE LOCATION AND TYPE OF TRASH AND RECYCLING CONTAINERS AND STRUCTURES. SEE SHEET NUMBER _____ IN _____ BUILDING. ----- THE TRASH AND RECYCLING MANAGEMENT CONTAINERS/STRUCTURES ON THIS PLAN ARE ADEQUATE TO MEET THE MINIMUM RECYCLING REQUIREMENT AS DESCRIBED ON THE WASTE STREAM CALCULATION WORKSHEET.							
SANITARY SEWER INFORMATION							
WASTEWATER TREATMENT PLANT _____ WASTEWATER TREATMENT SYSTEMS _____ THIS SITE IS SERVED BY ONSITE SEWAGE TREATMENT SYSTEMS). SANITARY SEWER REMBURSEMENT CHARGES.							
STORMWATER INFORMATION							
HIGH DENSITY POLYETHYLENE (HDPE) USED ON THIS PROJECT YES <input type="checkbox"/> NO <input type="checkbox"/>							
SWM FACILITIES (PROPOSED ONLY)							
FACILITY ID NO.	FACILITY TYPE	PURPOSE	AREA TREATED (ACRES)	WATERSHED	RECEIVING WATERS	MAINTENANCE AGREEMENT Y/N	VAHUB CODE
DISTURBED AREA (DA) WITHIN WATERSHED(S): WATERSHED 1 _____ DA= _____ (ACRES) TOTAL DISTURBED AREA= _____ (ACRES) WATERSHED 2 _____ DA= _____ (ACRES) WATERSHED 3 _____ DA= _____ (ACRES)							
INFORMATION REGARDING ACTIVITIES IN A RESOURCE PROTECTION AREA							
ACTIVITY						YES/NO	
CONSTRUCTION ACTIVITIES IN A RESOURCE PROTECTION AREA (IF YES, INDICATE TYPE BELOW)							
REDEVELOPMENT PRINCIPAL STRUCTURE							
REDEVELOPMENT ACCESSORY STRUCTURE							
PUBLIC ROADS							
PRIVATE ROADS							
DRIVEWAYS							
STORMWATER OUTFALL							
OTHER (INDICATE TYPE):							
POTENTIAL FOR WETLANDS							
IS THE DISTURBED AREA LOCATED IN A WETLANDS AREA DEPICTED ON THE NATIONAL WETLANDS INVENTORY MAP? YES <input type="checkbox"/> NO <input type="checkbox"/>							
IS THE DISTURBED AREA LOCATED IN AN ESTIMATED WETLANDS AREA DEPICTED ON THE COUNTY POTENTIAL WETLAND AREA MAP? YES <input type="checkbox"/> NO <input type="checkbox"/>							
IF YES, TO EITHER OF THE TWO QUESTIONS ABOVE, PROVIDE EVIDENCE OF APPROVED PERMIT OR VERIFICATION THAT NO PERMIT FROM THE MAINT CORPS OF ENGINEERS IS REQUIRED BEFORE PLAN IS APPROVED.							

[illegible][illegible]

ENGINEER'S/SURVEYOR'S CERTIFICATE:	
THIS PROPERTY IS IN THE NAME OF _____	
DEED BOOK _____ PAGE _____ OF THE LAND RECORDS OF FAIRFAX COUNTY, VA.	
OWNER INFORMATION	
<input type="checkbox"/> OWNER <input type="checkbox"/> TRUSTEE	<input type="checkbox"/> A CORPORATION <input type="checkbox"/> A PARTNERSHIP <input type="checkbox"/> AN INDIVIDUAL
DEVELOPER INFORMATION	
<input type="checkbox"/> DEVELOPER <input type="checkbox"/> CONTRACT OWNER <input type="checkbox"/> LESSEE	<input type="checkbox"/> A CORPORATION <input type="checkbox"/> A PARTNERSHIP <input type="checkbox"/> AN INDIVIDUAL
NAME _____ PHONE _____	
ADDRESS _____	
WETLANDS PERMITS CERTIFICATION	
I HEREBY CERTIFY THAT ALL WETLANDS PERMITS REQUIRED BY LAW WILL BE OBTAINED PRIOR TO COMMENCING WITH LAND DISTURBING ACTIVITIES.	
SIGNATURE _____	_____
OWNER/DEVELOPER _____	NAME _____ TITLE _____
NOTE: PERMITS MUST BE PRESENTED TO THE COUNTY INSPECTOR PRIOR TO LAND DISTURBANCE.	
DATE _____	RECOMMEND APPROVAL (SIGNATURE & PRINTED NAME)
_____	STREETLIGHT REVIEW - DPWES
_____	PUBLIC WATER AGENCY
_____	SANITARY SEWER REVIEW - DPWES
_____	GEOTECHNICAL REVIEW - DPWES
_____	STORMWATER REVIEW - DPWES
_____	URBAN FOREST MANAGEMENT REVIEW - DPWES
_____	FAIRFAX COUNTY FIRE MARSHAL
_____	FAIRFAX COUNTY HEALTH DEPARTMENT
_____	VIRGINIA DEPARTMENT OF TRANSPORTATION
_____	DIRECTOR, SITE PLAN REVIEW AND INSPECTIONS, IDS. - DPWES
APPROVED	
DATE _____ BY _____	DIRECTOR, DEPT. OF PUBLIC WORKS AND ENVIRONMENTAL SERVICES
THIS PLAN SHALL EXPIRE WITHOUT NOTICE IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF THE COUNTY CODE. REVISIONS DO NOT EXTEND THE APPROVAL PERIOD. THE APPROVAL PERIOD IS INDEPENDENT OF THE AGREEMENT EXPIRATION DATE.	
CERTIFICATE OF NO CHANGE (FOR SUBMISSION OTHER THAN THE FIRST)	
I HEREBY CERTIFY THAT NO CHANGES HAVE BEEN MADE THAT WOULD AFFECT PRIOR APPROVAL BY THE _____	
FIRE MARSHAL DATED _____	
WATER AUTHORITY DATED _____	
HEALTH DEPARTMENT DATED _____	
VOTI DATED _____	
DPWES-SAN. SEWER DATED _____	
DPWES-STREETLIGHTS DATED _____	
SHEET INDEX	
1. COVER SHEET	

SHEET 1 OF _____ REVISIONS: 7/11	COUNTY NUMBER 0000-XX-00-	PROJECT NAME SECTION OR PHASE # DISTRICT FAIRFAX COUNTY, VIRGINIA	DESIGN ENGINEER / SURVEYOR FIRM NAME: _____ ADDRESS: _____ PHONE NO: _____ FAX NO: _____ PROJ. MANAGER: _____ EMAIL: _____
	PLAN REVIEWER _____		